

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

827870

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours per respor	hours per response16.00						

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
' ·	1					

Name of Offering ( check if this is an amendment and name	has changed, and indicate change.)	
Great West Ramirez/Nai	ls Creek #1-H Well	Extension
Filing Under (Check box(es) that apply): Rule 504 R	ule 505 Rule 506 Section 4(6	L ULOE
Type of Filing: New Filing Amendment		
A. BA	SIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name ha	s changed, and indicate change.)	
Great West Energy and E		03028906
Address of Executive Offices (Nur	nber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3939 Belt Line Rd., #500, Add	ison, TX 75001	(214)361-9053
Address of Principal Business Operations (Nu (if different from Executive Offices)	mber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		process proces
		<b>BBOCE2</b>
Oil and Gas exploration and o	perations.	2000
Type of Business Organization	already formed	Neces specific):
corporation   Iimited partnership,		olease specify):
Mor		FINANCIAL
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter L  CN for Canada;		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliar 77d(6).	nce on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after and Exchange Commission (SEC) on the earlier of the date it is rewhich it is due, on the date it was mailed by United States registe	ceived by the SEC at the address given b	
Where To File: U.S. Securities and Exchange Commission, 450 F	ifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with photocopies of the manually signed copy or bear typed or printed		y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information thereto, the information requested in Part C, and any material chang not be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State:	•	
This notice shall be used to indicate reliance on the Uniform Lin ULOE and that have adopted this form. Issuers relying on ULO are to be, or have been made. If a state requires the payment of accompany this form. This notice shall be filed in the appropriation notice and must be completed.	E must file a separate notice with the States as a precondition to the claim fo	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	Meriki kanan kanan di makatan keria tiri da utau di Kalian keriai 1979, jerjada (
Each promoter of the issuer, if the issuer has been organized within the past five years;	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer
Each executive officer and director of corporate issuers and of corporate general and managing partners of	• •
	partiters in pressurers, and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Beavers, Carl	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3939 Belt Line Road, Suite 500, Addison, TX 75001	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	3-m
3939 Belt Line Road, Suite 500, Addison, TX 75001	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Carpenter, B. E.	
Business or Residence Address (Number and Street, City, State, Zip Code) 3939 Belt Line Road, #500, Addison, TX 75001	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Dolph, DAvid	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3939 Belt Line Road, #500, Addison, TX 75001	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Issuer Managing Partner
Full Name (Last name first, if individual)	
Great West Energy and Exploration, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B, IN	ORMA	TION AB	OUT OF	ERING				
1 Has t	he issuer o	sold, or does	e the icen	er intend to	sell to r	non-occred	itad invac	tore in this	offering?			Yes No
1. 1103 L	133461	iora, or acc		iswer also					-	************		. 🗡 🗆
2 What	is the mir	imum inve					-	_				e 7000
2. White	15 the 1th	minum mive	Sullent th	at will be a	recepted 1	itom any n	ICITY ICICAL :		***************************************	************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes, No
		ng permit jo			-							
sion o to be l list the	r similar n isted is an name of	ation request emuneration associated the broker of ay set forth	i for solici person or or dealer.	itation of progression in agent of a life more than the second se	irchasers broker o an five (5	in connecti or dealer re o) persons t	on with sa gistered w to be liste	les of secur ith the SE	rities in the C and/or v	e offering. with a stat	If a perso	n S,
Full Name	(Last nam	e first, if in	dividual)									
Business or 3939		e Address ( Line R					de) 7500	1 .				
Name of As	ssociated 1	Broker or D	ealer									
Grea	t West	Partn	ers,	Inc.	·-·							
States in W					ds to Sol	icit Purcha	sers					C All Channe
(Clieck A	All States [AK]	or check i	ndividua. [AR]	(CA)	<b>(COP</b>	(CT)	[DE]	[DC]	ÆD	[GA]	[HI]	☐ All States [ID]
		[IA]	[KS]	[KY]	[LA]	ME		(MA)	M	MN	[MS]	[MO]
MI	[NE]	[NV]	[NH]				NO	[ND]	(H)	[OK]	(OR)	PAD
[RI]	[SC]	[SD]	[TN]		[UT]	[VT]	[VA]	(WAD	[WV]	[wɪ]	[WY]	[PR]
Full Name ( Business or	·		· ·	· ·	City, Sta	te, Zip Coo	le)		·			
Name of As	sociated l	Broker or D	ealer						· · · · · · · · · · · · · · · · · · ·			
States in Wi		n Listed H										☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MI]	[NE]	[NN]	[NH]	[N1]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[MT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last nam	e first, if in	dividual)									
Business or	Residenc	e Address (	Number	and Street,	City, Sta	te, Zip Coc	le)					
Name of As	sociated I	Broker or D	ealer				-		· · · · · · · · · · · · · · · · · · ·			
States in Wi		n Listed H										☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	$[\mathbb{N}]$	[MS]	[MO]
[IM]	[NE]	[VV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$		\$
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Other (Specify working interest \$	448,000	s 112.00Q
	Total\$	448,000	s/12,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.			
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_3_	\$ 56,0E
	Non-accredited Investors	3_	556,00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	•	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transier Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)includesduediligen	_	S53,760.
	Other Expenses (identify) Organizational expenses	X	\$ <u>12,240</u> .
	Total		\$ 66 000

1.00 1.50 1.50	C. OFFERING PRICE, NUM	MBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
<u> </u>	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C —	ering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross		s 382,000.
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross rt C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Purchase of real estateLeasecost	:s	] \$	XS 30,000
	Purchase, rental or leasing and installation of ma	achinery	٦\$	Пs
		cilities		
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	alue of securities involved in this		
	issuer pursuant to a merger)		]\$	□ \$
	Repayment of indebtedness		]\$	\$
	Working capital		]\$	\$
	Other (specify): Drilling Cos	sts [	]\$	[X\$ <u>352,000</u>
			] \$	
	Column Totals		] \$	<b>国\$_382,000</b>
	•			82,000
		D. FEDERAL SIGNATURE		
igr	nature constitutes an undertaking by the issuer to fu	e undersigned duly authorized person. If this notice trnish to the U.S. Securities and Exchange Commiss credited investor pursuant to paragraph (b)(2) of R	ion, upon writte	
ssu	uer (Print or Type)	Signature & Carl Berries	atc	
_(	Great West Energy & Explor	ration, Inc.	1/2	25/03
	ne of Signer (Print or Type)  Carl Beavers	Title of Signer (Print or Type)  President	~ 7	
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	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  See Appendix, Column 5, for state response.	Yes	No X
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	i <b>on fur</b> n	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behal horized person.	f by the	undersigned
Gr	Print or Type) reat West Energy & Signature relation Inc.	25,	103

Title (Print or Type)

President

Name (Print or Type)

Carl Beavers

	erze a jej pro			ΑI	PPENDIX				
1.	Intend to non-a investor	2 it to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Working Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL.			·						
AK			,						-
AZ AR	Х		\$448,000			/	14000		Х
CA	Х			į.	28 M		14/000		Х
СО	х		448,000 448,000	,	20,00		7 7,000		X
СТ	Х		448,000						Х
DE									
DC									
FL	Х		448,000	1	14,000				Х
GA					,	-			
ні									
ID									
IL	Х		448,000						Х
IN	X		448,000			- Marie Co.			_х
IA									
KS									
KY									
LA									
ME									
MD	Х		448,000						Х
MA	Х		448,000					<del></del>	Х
MI	Х		448,000				<u>i.</u>		Х
MN	Х		448,000	į .					X
MS				,					

				APP	ENDIX		Kalifera (1921)		
I	Intend to non-a investor	2 d to sell accredited as in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Working Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									<u> </u>
NJ	Х		448,000						Х
NM									
NY	Х		448,000						Х
NC	Х		448,000						Х
ND									
ОН	Х		448,000						Х
ок									
OR	Х		448,000			,	·		Х
PA	Х		448,000						х
RI									
sc			·						
SD	<u> </u>								
TN									
TX	Х		448,000	/	14,000		28,000		x
UT							•		
VT									
VA							-		
WA	Х		448,000				1.57		Х
wv									
wı									

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7	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				amount purchased in State (Part C-Item 2)		under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												

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